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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB APPROVAL

3235-0076 OMB Number:

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hours per response: 16.00



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| SEC USE ONLY | | | | | | |
|--------------|--------|---------|--|--|--|--|
| Prefix | | Serial | | | | |
| | | | | | | |
| • | DATE R | ECEIVED | | | | |
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| | | | | | | |

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | |
|---|---|
| Goldman Sachs Strategic U.S. Long/Short Partners, LLC: Units of Limited Liability Co | mpany Interests |
| Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☑ Rule 506 | ☐ Section 4(6) ☐ ULOE DDOCECOED |
| Type of Filing: | PROCESSED |
| A. BASIC IDENTIFICATION DATA | MAY 2 5 2007 |
| 1. Enter the information requested about the issuer | MAT Z J ZUU/ |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | THOMSON |
| Goldman Sachs Strategic U.S. Long/Short Partners, LLC | FINANCIAL |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (including Area Code) |
| c/o Goldman Sachs Hedge Fund Strategies LLC, 701 Mount Lucas Road, Princeton, Nev | v (609) 497-5500 |
| Jersey 08540 | Mall E |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) | Telephone Number (filetading Area Code) |
| (if different from Executive Offices) | MAY |
| Brief Description of Business | 1 6 ZUO7 |
| To operate as a private investment fund. | |
| To operate as a private investment fund. | |
| Type of Business Organization | |
| ☐ corporation ☐ limited partnership, already formed | other (please specify): |
| □ business trust □ limited partnership, to be formed | Limited Limbility Company |
| | |
| Month Year | |
| Actual or Estimated Date of Incorporation or Organization: 0 5 | ☑ Actual ☐ Estimated |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbrevia | ation for |
| State: CN for Canada; FN for other foreign ju | risdiction) DE |
| | |

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required. Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

| 2. Enter the information requested for the following: | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| * Each promoter of the issuer, if the issuer has been organized within the past five years; | | | | | | | | | |
| * Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; | | | | | | | | | |
| * Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and | | | | | | | | | |
| * Each general and managing partner of partnership issuers. | | | | | | | | | |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☑ General and/or Managing Partner | | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | |
| Goldman Sachs Hedge Fund Strategies LLC (the Issuer's Managing Member) | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | |
| 701 Mount Lucas Road, Princeton, New Jersey 08540 | | | | | | | | | |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member Managing Partner | | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | |
| Barbetta, Jennifer | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | |
| c/o Goldman Sachs Hedge Fund Strategies LLC, 32 Old Slip, New York, New York 10005 | | | | | | | | | |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member Managing Partner | | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | |
| Clark, Kent A. | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | |
| c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004 | | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director* General and/or *of the Issuer's Managing Member Managing Partner | | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | |
| Lawson, Hugh J. | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | |
| c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004 | | | | | | | | | |
| Check Box(es) that Apply: | | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner | | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | |
| (Use blank sheet, or conv and use additional copies of this sheet, as necessary.) | | | | | | | | | |

A. BASIC IDENTIFICATION DATA

| | | | | | B. IN | FORMAT | ION ABO | UT OFFI | ERING | | | | |
|--|--------------------------------|---|---|---|--|--|---|---|-----------------------------|------------------------------|-------------------------|--------------|--------------|
| | | | | | | | | | | | | Yes | No |
| 1. | Has the | issuer solo | i, or does th | | | to non-accre | | | | | | | ☑ |
| | | | | | | in Appendi | • | | inder ULOI | . . | | | |
| 2. | What is | the minim | ium invest n | ent that wil | l be accepte | ed from any | individual? | • | | | | \$ | 0,000* |
| *The Managing Member of the Issuer, in its sole discretion, may accept subscriptions in lesser amounts. 3. Does the offering permit joint ownership of a single unit? | | | | | | | | Yes ☑ | No □ | | | | |
| | commis If a persor or state | ssion or sin son to be li s, list the n | nilar remun isted is an a same of the | eration for s ssociated pe broker or de | solicitation erson or age ealer. If me | the has been of purchase on of a broke ore than five for that broke ore that broke ore that broke or | rs in connecter or dealer e (5) person | ction with s registered s to be liste | ales of secu with the SE | rities in the C and/or wi | offering. th a state | | |
| Full | l Name | (Last name | first, if ind | ividual) | | | | | | | | | |
| | | Sachs & C | | | | | | | | | | | |
| Bus | siness or | r Residence | e Address (1 | Number and | Street, City | y, State, Zip | Code) | | | | | | |
| | | | | w York 100 | 004 | | | | | | | | |
| Nar | ne of A | ssociated E | Broker or De | ealer | | | | | | | | | |
| | | | | | | o Solicit Pu | | | | | | 🗹 Al | l States |
| | AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [1D] |
| (| IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| _ | MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| | RI] | [SC] | [SD] first, if ind | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| run | i Name | (Last name | : Hrst, 11 ma | ividualj | | | | | | | | | |
| Rus | iness or | Residence | Address () | Yumber and | Street City | y, State, Zip | Code) | | | | | | |
| Dus | | residence | . Muuress (r | vamoer and | Bu cci , en | y, 5tate, 21p | code) | | | | | | |
| Nar | ne of A | ssociated B | Broker or De | ealer | | | | | | | | | |
| | | | | · <u>·</u> | | | | | | | | | |
| | | | | | | o Solicit Pu | | | | | | ПАІ | I States |
| - | AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| | [IL] | [IN] | [lA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [] | MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| | RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| rui | Name | (Last name | first, if ind | ividual) | | | | | | | | | |
| - Dur | inace or | - Pacidona | Addross (| Jumbarand | Street City | y, State, Zip | Code | | | | | | |
| Dus | iniess oi | Residence | : Address (i | vuiliber and | Street, City | y, State, Zip | Code | | | | | | |
| Nar | ne of A | ssociated B | Broker or De | ealer | | | | | - | | | | |
| | | 0115 | | | | 0.11.5 | | | | | | | |
| (C | heck "A | | | lividual Stat | es) | o Solicit Pu | | | | | ••••••• | | All States |
| _ | AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| | IL] | [IN] | [IA] | (KS) | [KY] | [LA] | [ME] | [MD] | [MA] | (MI) | (MN) | [MS] | [MO] |
| _ | MT] RI] | (NE) [SC] | [NV] [SD] | (NH) [TN] | [NJ] [TX] | [NM] [UT] | [NY] [VT] | [NC] [VA] | [ND] [WA] | (OH) [WV] | [OK] [WI] | [OR] [WY] | [PA] [PR] |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | | |
|----------|--|------------|-----------------------------|---------|--------------------------------------|
| | Type of Security | | Aggregate Offering Price | 1 | Amount Already Sold |
| | Debt | \$ | 0 | \$ | 0 |
| | Equity (Shares) | _ | 0 | _ | 0 |
| | ☐ Common ☐ Preferred | _ | | | |
| | Convertible Securities (including warrants) | s _ | 0 | \$ | 0 |
| | Partnership Interests | \$ | 0 | \$ | 0 |
| | Other (Specify: Units of Limited Liability Company Interests) | \$_ | 230,825,130 | \$ | 230,825,130 |
| | Total | \$ | 230,825,130 | \$ | 230,825,130 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | _ | | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | | | A |
| | | | Number Investors | | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | _ | 171 | \$ | 230,825,130 |
| | Non-accredited Investors | _ | 0 | \$ | 0 |
| | Total (for filings under Rule 504 only) | _ | N/A | \$ | N/A |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. | | Time of | | Dollor Amount |
| | Type of offering | | Type of Security | | Dollar Amount Sold |
| | Rule 505 | | N/A | \$ | N/A |
| | Regulation A | | N/A | \$ | N/A |
| | Rule 504 | _ | N/A | \$ | N/A |
| | Total | _ | N/A | \$ _ | N/A |
| tl tl | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | _ | |
| | Transfer Agent's Fees | | | \$ | 0 |
| | Printing and Engraving Costs | | | \$ | 0 |
| | Legal Fees | | $m{\boxtimes}$ | \$ | 139,563 |
| | Accounting Fees | | | \$ | 0 |
| | Engineering Fees | | | \$ _ | 0 |
| | Sales Commissions (specify finders' fees separately) | | | \$ _ | 0 |
| | Other Expenses (identify) | | | \$ | 0 |
| | Total | | ፟ | \$ | 139,563 |

| | C. OFFERING PRICE, I | NUMBER OF INVESTORS, EXI | PENS | SES A | AND USE OF P | ROCE | EDS | | | | |
|------|---|--|----------------|-------------|--|----------|-------------|-----------------------|--|--|--|
| | b. Enter the difference between the aggreg- Question 1 and total expenses furnished difference is the "adjusted gross proceeds to | d in response to Part C - Question 4.a | a. Th | nis | | \$_ | | 230,685,567 | | | |
| | Indicate below the amount of the adjusted to be used for each of the purposes shown. furnish an estimate and check the box to payments listed must equal the adjusted group Part C - Question 4.b. above. | . If the amount for any purpose is not o the left of the estimate. The total | knows of th | n, he | | | | | | | |
| | | | | | Payments to Officers, Directors, & Affiliates | | | Payments To Others | | | |
| | Salaries and Fees | | | \$ _ | 0 | | \$_ | 0 | | | |
| | Purchase of real estate | | | \$_ | 0 | | \$_ | 0 | | | |
| | Purchase, rental or leasing and installation of | of machinery and equipment | | \$_ | 0 | | \$_ | 0 | | | |
| | Construction or leasing of plant buildings a | and facilities | | \$_ | 0 | | \$_ | 0 | | | |
| | Acquisition of other businesses (including this offering that may be used in exchananother issuer pursuant to a merger) | nge for the assets or securities of | Ö | \$ | 0 | | \$ | 0 | | | |
| | Repayment of indebtedness | | | s – | 0 | | \$ | 0 | | | |
| | Working capital | | | \$ | 0 | _ | \$ _ | 0 | | | |
| | Other (specify): Investment Capital | | | \$_ | 0 | _ 🗹 | \$ <u>_</u> | 230,685,567 | | | |
| | Column Totals | | | s _ | 0 | _ 🛮 | \$_ | 230,685,567 | | | |
| | Total Payments Listed (column totals added) | | | | | | | 230,685,567 | | | |
| | | D. FEDERAL SIGNATU | RE | | | | | | | | |
| fo | ne issuer has duly caused this notice to be llowing signature constitutes an undertaking its staff, the information furnished by the iss | g by the issuer to furnish to the U.S. So | ecuriti | ies and | d Exchange Comn | nission, | upon | | | | |
| ssu | er (Print or Type) | Signature | | | Date | | | | | | |
| | dman Sachs Strategic U.S. Long/Short tners, LLC | Katshun | | | May 1, 2007 | | | | | | |
| lan | ne of Signer (Print or Type) | Title of Signer (Print or Type) | | | | | | | | | |
| , at | have Danoge | Vice President of the Issuer's Manage | -l 1 | Massal | L | | | | | | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).